

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION D,
SECTION 4(6), AND/OR

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OMB APPROVAL OMB Number: 3235-0076									
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Name of Offering (check if this is an amendment and name has changed, and indicate change.)	
2007 Offering	
Filing Under (Check box(es) that apply); Rule 504 Rule 505 Rule 506 Section 4(6) Type of Filing: New Filing Amendment	OLOE :
A. BASIC IDENTIFICATION DATA	
1. Enter the information requested about the issuer	01019990
Name of Issuer (check if this is an amendment and name has changed, and indicate change.)	
Life Recovery Systems HD, L.L.C.	
Address of Executive Offices (Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
3311 Prescott Road, Suite 112, Alexandria, LA 71301	(318) 767-0960
Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices)	Telephone Number (Including Area Code)
Brief Description of Business	
	PROCESSEI Please specify): NOV 0 7 2007
Type of Business Organization	Alova -
C business tours	olease specify): NOV 0 7 2007
Month Year Actual or Estimated Date of Incorporation or Organization: [16] [12] Actual [18]	THOMSON
Actual or Estimated Date of Incorporation or Organization: 06 02 Actual Estin Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State	
CN for Canada; FN for other foreign jurisdiction)	
GENERAL INSTRUCTIONS	•
Federal: Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D of 77d(6).	or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C.
When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given be which it is due, on the date it was mailed by United States registered or certified mail to that address.	
Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20	549.
Copies Required: Five (5) conies of this notice must be filed with the SEC, one of which must be manually photocopies of the manually signed copy or bear typed or printed signatures.	y signed. Any copies not manually signed must be
Information Required: A new filing must contain all information requested. Amendments need only reporthereto, the information requested in Part C, and any material changes from the information previously supplied with the SEC.	rt the name of the issuer and offcring, any changes ied in Parts A and B. Part E and the Appendix need
Filing Fee: There is no federal filing fee.	
State: This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sulLOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Sare to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for accompany this form. This notice shall be filed in the appropriate states in accordance with state law, this notice and must be completed.	ecurities Administrator in each state where sales the exemption, a fee in the proper amount shall
ATTENTION	
Failure to file notice in the appropriate states will not result in a loss of the federal ex appropriate federal notice will not result in a loss of an available state exemption unle filing of a federal notice.	remption. Conversely, failure to file the ss such exemption is predictated on the

			A DASIGID	ENTIFICATION DATA		
2.	Enter the information i	requested for the fo	llowing:			
i	 Each promoter of 	the issuer, if the is	suer has been organized w	vithin the past five years;		
	 Each beneficial or 	wner having the pov	ver to vote or dispose, or di	rect the vote or disposition	of, 10% or more o	f a class of equity securities of the issuer.
	• Each executive of	ficer and director o	of corporate issuers and of	corporate general and man	naging partners of	partnership issuers; and
,	 Each general and 	managing pariner (of partnership issuers.			
Chec	k Box(cs) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director Director	General and/or Managing Partner
	Name (Last name first, edman, Robert J., Jr.	•				
	ness or Residence Addr Kimball Aevnue, Ale		Street, City, State, Zip Co	ode)		
Chec	k Box(cs) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
	Name (Last name first, ock, Ronert	if individual)				
	ness or Residence Addr Hidden GlenDrive, S		Street, City, State, Zip Co	ode)		
Chec	k Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
_ 1	Name (Lost name first, e, Marc L.	if individual)				
	ness or Residence Addr 1 Prescott Road, St		Street, City, State, Zip Co Iria, LA 71301	ede)		
Check	k Box(cs) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
{1	Name (Last name first, ddo, John	if individual)	·			
	ness or Residence Addr 1 Prescott Road, Su	•	Street, City, State, Zip Co ria, LA 71301	ode)		
Chec	k Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full N	Name (Last name first.	if individual)				
Busin	ess or Residence Addr	ess (Number and	Street, City, State, Zip Co	ode)		
Check	k Box(cs) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Pariner
Full N	Name (Last name first,	if individual)				W. P
Busin	iess or Residence Addr	ess (Number and	Street, City, State, Zip Co	ode)		
Chec	k Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full N	Name (Last name first,	if individual)	·····			
Busin	iess or Residence Addr	ess (Number and	Street, City, State, Zip Co	de)		
	<u> </u>	(Use bia	nk sheet, or copy and use	additional copies of this st	icel, as necessary)	1

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	1											Yes	No
1.	Has the	issuer sole	d, or does t							_			X
_	1					n Appendis		_				. 30	0,000.00
2.	'What is	the minim	um investr	nent that v	vill be acco	pted from	any individ	fual?		**************	***************************************	\$_30	<u></u>
3.	Does th	c offering	permit join	t ownersh	ip of a sing	gle unit?	*******************	•••••••••	*************		**************	Yes E	No □
4.											lirectly, any		
						•					the offering.		
	If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such												
	a broker or dealer, you may set forth the information for that broker or dealer only.												
Full	Full Name (Last name first, if individual)												
Bus	iness or	Residence	Address (N	lumber and	d Street, C	ity. State. 2	Zip Code)					····	
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(100,000			,, 5.5.6, 2	31p 0000)						
Nan	ne of As	sociated Br	oker or De	aler									
	1												
Stat	1	ich Person											
	(Check	"All States	s" or check	individual	States)					10011100-140001111		. All States	
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	RI	SC	(SD)	TN	[XX]	UT	[VT]	VA	WA	WV	Wï	WY	PR
Full	Name (Last name	first, if ind	ividual)									
	1												
Bus	iness or	Residence	Address (1	Number on	d Street, C	ity, State,	Zip Code)						
Nnn	ne of Ass	ociated Br	oker or De	nier									
	(
Stat	cs in Wh	ich Person	Listed Ha	Solicited	or Intends	to Solicit	Purchasers						
	(Check	"All States	or check	individual	States)	**************		***************************************		***************************************		□ Al	States
	AL	(ĀK)	AZ	ĀR	CA	CO	[CT]	DE	DC	(FL)	[GA]	HI	آŒ
				[KS]	KY	LA)	ME	MD	MΔ	MI	MN	MS	MO
	MT	NE	NV	NH	NJ	NM	NY	NC	ND	(OII)	OK)	OR	PA
	RI	(SC)	SD	TN	TX)	UT	VT	VA	WA	WY	WI	WY	PR
Full	Name (Last name :	first if indi	ividual)							.		·
,		Just Marrie		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,									
Bus	iness or	Residence	Address (?	Number an	d Street, C	ity, State, 2	Zip Code)						
Nan	nd of Ass	ociated Br	oker or De	aler									
Stat	es in Wh	ich Person	Listed Has	Solicited	or Intends	to Solicit I	Purchasers						
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	MT	NE	NV	NH)	(נאַ)	NM	NY)	NC	ND)	[][]	OK)	OR	PA
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GOPTERING PRICE NUMBERIOF INVESTORS TEXPENSES AND USE OF PROCEEDS 1. 14.

1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.	:		
	Type of Security	Aggregate Offering Pri		Amount Already Sold
	1			•
	Debt		. no	\$ 2,125,000.00
		\$ 0,000,000		\$ 2,123,000.00
	Common Preferred	_		_
	Convertible Securities (including warrants)			
	Partnership Interests			
	Other (Specify)			
	Total	\$_5,000,000	1.00	<u>\$ 2,125,000.00</u>
	Answer also in Appendix, Column 3, if filing under ULOE.			
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."	Number		Aggregate Dollar Amount
		Investors		of Purchases
	Accredited Investors			s 2,125,000.00
	Noл-accredited Investors			s
	Total (for filings under Rule 504 only)			S
	Answer also in Appendix, Column 4, if filing under ULOE.			
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.			
	Type of Offering	Type of Security		Dollar Amount Sold
	Rule 505			\$
	Regulation A			s
	Rule 504		_	s
	Total		_	\$ 0.00
ţ	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.			
	Transfer Agent's Fees			\$
	Printing and Engraving Costs	**********		s
	Legal Fees		0	\$ 25,000.00
	Accounting Fees		0	\$ 2,500.00
	Engineering Fees			\$
	Sales Commissions (specify finders' fees separately)			\$
	Other Expenses (identify)			\$
	Total			\$ 27,500.00
	1 VIMI	*** ********	Ш	φ

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,	b. Enter the difference between the aggregate offer and total expenses furnished in response to Part C — proceeds to the issuer,"	Question 4.a. Th	is diff	erence is the "adjusted gross			s_ <u>'</u>	1,972,500.00
	Indicate below the amount of the adjusted gross proceeds of the purposes shown. If the amount for an check the box to the left of the estimate. The total of proceeds to the issuer set forth in response to Part	ly purpose is not I the payments lis	know ted m	n, furnish an estimate and ust equal the adjusted gross				
1						Payments to Officers, Directors, & Affiliates		Payments to Others
!	Salaries and fees		., .		न		П:	604,296.00
	Purchase of real estate			_	_			
	Purchase, rental or leasing and installation of mac	hinanı		_	_		_	
	Construction or leasing of plant buildings and fac	ilities		[_ :	:		<u> </u>
	Acquisition of other businesses (including the val	ue of securities i	nvolv	ed in this	. .	 		
	offering that may be used in exchange for the asset issuer pursuant to a merger)	ets or securities o	f ano	ther	<u>.</u> ا	· ····	·—:	
	Repayment of indebtedness							
	Working capital							
	Other (specify):		٦: ٦:		—————————————————————————————————————	2,780,048.0		
	Other (specify).				٦,		<u></u>	<u></u>
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	Column Totals	.,	******]			
	Total Payments Listed (column totals added)	**************		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		□ \$ <u>4,9</u>	72,5	00.00
		D REDERA	isić	NATURE	ja:			
7:75			•	·				
ign	issuer has duly caused this notice to be signed by the ature constitutes an undertaking by the issuer to fur nformation furnished by the issuer to any non-acci	mish to the U.S. S	ecuri	ties and Exchange Commiss	sia	n, upon written	e 505 requ	i, the following uest of its staff,
ssu	er (Print or Type)	Signature	V		Dai	c		
Life	Recovery Systems HD, L.L.C.	İ	11	SHILL !	Se	ptember 18, 20	007	
Vart	e of Signer (Print or Type)	Title of Signer	(Prin	t or Type)				
	pert J. Freedman, Jr.	Manager	•					
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	, Intentional misstatements or omissions	ATTEN				(Sec. 18 U.S.)	. 40	01)
	, intentional missiatements of omissions	OF TACE CONSULT	11A 18	ruetai Chiminal Viviadons		J.C.U DI 896)	, IU	U1.7 1

		E STAN	ESIGNATURE :						
1.	Is any party described in 17 CFR 23 provisions of such rule?				Yes	No X			
		See Appendix, Col	umn 5, for state response	:.					
2. !	The undersigned issuer hereby under D (17 CFR 239.500) at such times a		ate administrator of any s	tate in which this notice is f	iled a no	tice on Forn			
3.	The undersigned issuer hereby under issuer to offerees.	rtakes to furnish to the s	itate administrators, upo	n written request, informal	ion furn	ished by th			
4.	The undersigned issuer represents th limited Offering Exemption (ULOE) of this exemption has the burden of	of the state in which thi	s notice is filed and unde	rstands that the issuer clai					
	er has read this notification and knows thorized person.	the contents to be true an	d has duly caused this not	tice to be signed on its beha	lf by the	undersigned			
	Print or Type) covery Systems HD, L.L.C.	Signature	AMMIND	Date September 18, 2	2007				
Name (Print or Type)	Title (Print o	Title (Print or Type)						
Robei	rt J. Freedman, Jr.	Managor	Manager						

Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

						PENDIX				
	1	:	2	3			4		5	
	;	to non-as	to sell ccredited s in State -Itcm 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)	: :	amount pu	Finvestor and rechased in State C-Item 2)		Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item I)	
	State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
	AL						41141144			
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	1		2	3 Type of security		· · · · · · · · · · · · · · · · · · ·	4		5 Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)		
		to non-ad investors	to sell ccredited s in State -Item 1)	and aggregate offering price offered in state (Part C-Item 1)		amount pu	Finvestor and rchased in State C-Item 2)				
	State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No	
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	NE										
	NV										
	NH			* * * * * * * * * * * * * * * * * * *							
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	to non-a investor:	to sell ccredited s in State -Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)		Type of investor and amount purchased in State (Part C-Item 2)				Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)		
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No		
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END